



State of New Jersey

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DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH
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OUTBREAK PREVENTION & CONTROL RECOMMENDATIONS FOR
RESPIRATORY INFECTIONS, INFLUENZA-LIKE ILLNESS, OR PNEUMONIA IN
RESIDENTS OF LONG-TERM CARE OR OTHER INSTITUTIONAL SETTINGS

New Jersey Administrative Code Title 8: Chapter 57 mandates that any suspect or known outbreak, including, but not limited to, foodborne, waterborne or nosocomial (i.e., healthcare-acquired) disease or a suspected act of bioterrorism is reportable immediately by telephone to the health officer of the local health department (LHD) with jurisdiction over the facility. The LHD will notify the state health department. The LHD will lead the investigation and will request that the facility confirm an outbreak exists, create a case definition, evaluate prevention and control measures, and monitor for new cases.

If the local health department cannot be reached, DHSS' Infectious and Zoonotic Disease Program (IZDP) should be contacted by calling (609) 588-7500, Monday through Friday, 8AM to 5PM. On holidays, evenings and weekends, DHSS can be reached at (609) 392-2020.

1. Definitions:

- a. Suspect cluster: *Residents of the same unit experiencing an illness within one week of one another that is characterized by fever and/or at least of the following:*

- *Rhinorrhea (runny nose)*
- *Nasal congestion*
- *Sore throat*
- *Cough (productive or non-productive)*
- *Change in appetite*
- *Change in mental status*
- *Myalgia,*
- *Respiratory distress, dyspnea, shortness of breath*
- *Pleuritic chest pain*
- *Radiographic evidence of a pulmonary infiltrate*

- b. Suspect outbreak: *≥10% of residents located within one (1) unit, one (1) wing, or throughout an entire facility experience a respiratory illness characterized by fever and or two (2) of the above listed signs and symptoms within one week of one another.*

2. When a suspect respiratory infection cluster or outbreak occurs, obtain nasopharyngeal specimens for rapid antigen viral testing and virus culture from symptomatic residents within 24 hours of illness onset.

3. Arrange testing with a local laboratory. If this is not feasible, contact the LHD to arrange submission of the specimens to the New Jersey Public Health and Environmental Laboratories (PHEL).
4. When lab testing confirms a diagnosis of influenza A, immediately notify the facility medical director who may consider initiating antiviral chemo prophylaxis as recommended by the Centers for Disease Control and Prevention. These recommendations are available at:
<http://www.cdc.gov/flu/professionals/pdf/0405antiviralguide.pdf> and
<http://www.cdc.gov/flu/protect/antiviral/pdf/fluantivirals.pdf>.
5. Cohort staff that work in close contact with the ill residents. This may include, but is not limited to: agency contracted or private duty personnel, housekeeping, social workers, recreational and physical therapy staff, volunteers, (including feeders) and facility administrative staff that visit residents or the units. Staff should not be rotated to other units of the facility until the LHD, in conjunction with DHSS, has determined that the outbreak is under control.
6. Cohort symptomatic residents. They should remain in their assigned room until 24 hours after the fever and other signs and symptoms have resolved.
7. Cohort well residents, and ensure no contact occurs between ill and well residents.
8. **Ill staff may not work.** When a staff member becomes symptomatic with fever or the signs and symptoms described in 1a., they should be sent home immediately. Staff should not be permitted to work until **asymptomatic for at least 24 hours**.
9. Maintain Standard or Universal Respiratory Precautions (URP); implement contact precautions if needed. Ensure that staff has adequate supply of gloves, gowns, and masks. Also ensure visitors adhere to URP.
10. Ensure staff, residents and visitors adhere to frequent and proper hand hygiene. Staff should assist residents with hand hygiene when needed. Also educate staff and residents about the proper handling and disposal of nasal and oral secretions, (i.e. using facial tissue to cover coughs and sneezes and to properly dispose of tissue immediately after use). The facility ICP should provide a **mandatory** in-service session for staff of each shift to review standard precautions, URP and hand hygiene practice.
11. All visitors should be informed of the increase in respiratory illness occurring at the facility.
12. Request that visitors with symptoms of respiratory illness reschedule their visit. Encourage other visitors to limit their length of visits and request that they limit direct contact with the residents. Remind visitors (e.g., through use of posted signs or other

informational handouts) of the importance of proper hand hygiene before and after patient contact.

13. The LHD representative is to assist the facility during a cluster or outbreak investigation. A case definition will be developed in consultation with the LHD and DHSS. The LHD will be the liaison to the DHSS, IZDP outbreak investigator. After reporting the respiratory cluster or outbreak, the facility must complete the DHSS line listing of symptomatic residents and forward the list to the LHD representative who will forward it to the DHSS IZDP outbreak investigator.
14. Report all outbreak investigation updates and or newly symptomatic cases to the LHD.
15. Further outbreak prevention and control measures or recommendations specific to the outbreak such as restricting all visitors and limiting the transfer of residents will be determined in consultation with the LHD, the DHSS, and the facility administration.